## UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK ELECTRONIC CASE FILING SYSTEM ATTORNEY PASSWORD APPLICATION

## LIVE SYSTEM

<u>I,</u>	_, swear or affirm that I am a member in good
standing of the Bar of the State of	
receiving a password, I agree to adhere to the court's supplements and/or amendments thereto and the rules pron FILING (ECF) SYSTEM. I am providing the following password:	order authorizing electronic case filing, any nulgated for the court's ELECTRONIC CASE
Attorney Code (first & last name initials/last 4 digits of social secu	rity #):
Attorney Name:	
Firm Name:	
Address:	
Phone #: FAX #	
Internet E-Mail Address for Service:	
$\square$ I consent to delivery of my assigned System password t	
Class Training Completion Date:	

I have read and understand the following rules:

- 1. I will employ the Electronic Case Filing System for cases filed in the United States Bankruptcy Court for the Eastern District of New York.
- 2. I will meet all hardware and software requirements disseminated by the court for system use. I understand that the current minimum requirements for filing documents are: a personal computer running a standard Windows platform (Windows 98/Me/NT/2000/XP); an Internet provider using Point to Point Protocol (PPP) for dial-up service, or offering DSL or cable service; Netscape Navigator 4.7x or higher or Microsoft Internet Explorer 5.5 or higher; Adobe Acrobat 4.01 or higher [to convert word processor format documents to portable document format (PDF)]; and a document scanner.
- 3. Each use of my password for filing documents will meet the requirements of Fed. R. Civ. P. 11, Fed. R. Bankr. P. 9011 and Local Bankruptcy Rule 9011-1. I understand that the use of my password together with my electronic signature constitutes my signature on the document being submitted. If I submit a document for another party, I understand it is my responsibility to maintain a copy of that document bearing the signer's signature in my records.
- 4. I agree to protect and secure the confidentiality of my password. Therefore, if I have reason to believe that my password has been compromised, it is my responsibility to immediately notify the court in writing. Moreover, it is also my responsibility to immediately inform the court of any change in my firm affiliation, addresses, telephone, fax or E-mail address.

- 5. I understand that the issuance of a password to me constitutes a waiver of conventional service pursuant to the court's Electronic Filing Procedures General Order. I agree to accept a Notice of Electronic Filing by hand, facsimile, first class mail or authorized e-mail in lieu of conventional service. Moreover, I will use the automatic E-mail notification feature of the Electronic Case Filing System wherever feasible.
- 6. Notwithstanding No. 5 herein, conventional (paper) service is required in all non-electronic filings as well as on the United States and its agencies, and on foreign, state or local governments, in full compliance with Rules 2002(j) and 7004(b)(4), (5) and (6) of the Federal Rules of Bankruptcy Procedure and Rule 4(i) and (j) of the Federal Rules of Civil Procedure.
- 7. In compliance with the Electronic Filing Procedures General Order, I understand that if documents being submitted electronically have lengthy exhibits, the filing of relevant excerpts of the exhibits is preferred and permitted without prejudice to my right to file additional excerpts or the complete exhibit with the court at any time.
- 8. In compliance with the Electronic Filing Procedures General Order, once I receive my password, I will make every reasonable effort to file documents electronically. If I am unable to file electronically, documents will be submitted to the court on diskette in PDF format. Paper filings received at the court will be scanned by the delivering party.
- 9. I understand that receipt of a password and access to the ECF Filing System is contingent upon my completing the Eastern District Bankruptcy Court Attorney Password Application and the required. training class, unless a waiver is granted..
- 10. I understand that I will pay for all fee-related Internet filings through the court's Internet credit card payment process (Pay.gov). I understand that I must maintain a valid VISA, MasterCard, Discover, Diners Club or American Express credit or debit card to pay for fee-related filings.
- 11. I understand that I will be required to pay for all fee-related filings by midnight of the day of filing, and that any failure to pay the fees due may result in revocation of my ECF password.

Date:	
	Attorney Applicant Signature
Please return to:	
United States Bankruptcy Court 290 Federal Plaza P.O. Box 9013 Central Islip, New York 11722-9013	
FOR COURT OFFICE USE ONLY:	
Date application received://	Date access permitted://
Date reviewed for compliance://	Authorized by: